

FAX COVER SHEET

ROSE HILL RETIREMENT COMMUNITY

120 FLEMING AVENUE

PO BOX 69

MARION, NC 28752

828-652-2504

828-659-2518 FAX

DATE: 4.3.19

TO: Suzanne Fay & Steve Lewis

PAGES: _____

INFO: POC

Thank you.
Jacey Mikela

Information in this fax is considered confidential. If you have received this fax by mistake, please call Rose Hill Retirement Community at 828-652-2504. Thank you.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ROSE HILL RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 120 FLEMING AVENUE MARION, NC 28752
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

C 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Suzanna Fay and Dennis Harrell conducted on March 14, 2019.</p> <p>Records indicate this facility was first licensed on January 16, 1996 as a Home for the Aged. The facility is currently licensed for 87 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, applicable portions of the 1991 Edition of the North Carolina Building Code(s), Section 409-Institutional Unrestrained Occupancy and the 1991 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.</p>	C 000		
C 150	<p>Corridors-Free of equipment and Obstructions</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that the corridors were not free of all obstructions.</p> <p>Findings on March 14, 2019: a. Third Floor corridor at Nurses' Station - sofas were placed on either side of the hallway narrowing the corridor down to less than 6' of clear area.</p>	C 150	<p>3/14/19 Lousest was moved to end of hallway so corridor is free from obstructions. Staff educated not to put chairs in hallway that would obstruct corridor.</p>	3/14/19
C 153	<p>Exit Door Locks-Single Hand Motion</p>	C 153	<p>3/14/19 - Bates screw fixed so gate can be opened with a single motion.</p>	3/14/19

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ROSE HILL RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 120 FLEMING AVENUE MARION, NC 28752
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 153	<p>Continued From page 1</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(h) The requirements for outside entrances and exits are: (3) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys; and</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that all exit door locks are not easily operable by a single hand motion.</p> <p>Findings on March 14, 2019: a. Third Floor Stairwell A - a gate was installed across the corridor to deter residents from going down the stairs. The latch required pulling and lifting to unlatch so that it was not easily operated.</p>	C 153	<i>See previous page.</i>	
C 160	<p>Outside Premises-Clean, Safe</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;</p> <p>This Rule is not met as evidenced by: 1. Observations revealed that the outside grounds were not maintained in a safe condition.</p> <p>Findings on March 14, 2019: a. First Floor - the exit from stairwell A was partially blocked by lawn chairs. The chairs were</p>	C 160	<i>3/14/19 Lawn chair was moved out of the way of fire exit door while survey in progress.</i>	<i>3/14/19</i>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ROSE HILL RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 120 FLEMING AVENUE MARION, NC 28752
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 160	Continued From page 2 removed at the time of survey.	C 160		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the furnishings were not kept in good repair. Findings on March 14, 2019: a. Kitchen - the pantry door was damaged at the bottom leaving rough, splintered edges.	C 164	<i>3/16/19 (kickplate) Flashing applied to Bottom of door</i>	<i>3/16/19</i>
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by:	C 166		

PRINTED: 03/22/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2019	
NAME OF PROVIDER OR SUPPLIER ROSE HILL RETIREMENT COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 120 FLEMING AVENUE MARION, NC 28752		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. This could effect occupants of the facility if egress paths and exits were not illuminated during a power outage.</p> <p>Findings on March 14, 2019:</p> <p>a. The emergency light outside of Room 323 "buzzed" when tested indicating a dying battery.</p> <p>2. Observations revealed that the building equipment was not maintained in a safe condition. Access to electrical and emergency equipment should be maintained in the case of a fire or other emergency.</p> <p>Findings on March 14, 2019:</p> <p>a. The fire extinguishers are in locked cabinets and when interviewed, 2 of 2 staff working on the hall did not have keys to access the cabinet.</p> <p>3. Based on observation there is a failure to maintain the buildings's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an</p>	C 189	<p>3/14/19 Battery was fully operational at the time of the survey however Battery was replaced</p> <p>3/15/19 Keys were added to staff keep + staff educated about this key.</p>	<p>3/14/19</p> <p>3/15/19</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/14/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER ROSE HILL RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 120 FLEMING AVENUE MARION, NC 28752
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

C 189	<p>Continued From page 4</p> <p>impediment to quickly closing the door. The occupants in the facility could be effected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin.</p> <p>Findings on March 14, 2019:</p> <p>a. Room 302 - the door was propped open using a trash can.</p> <p>b. Third Floor - one of the residents was seated in her wheelchair. The chair was in the path of the cross corridor doors.</p> <p>4. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings or walls could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on March 14, 2019:</p> <p>a. Third Floor Shower Room - the exhaust fan in the toilet room did not fit the opening leaving gaps in the rated ceiling assembly.</p> <p>b. Attic - there were several unsealed penetrations around conduit at the inside wall in the fire wall near the Maintenance Office. There were also two small unsealed penetrations over the doors and to the right of the doors.</p> <p>c. Basement Laundry - the fire caulk has fallen out of the cable bundle penetration behind the data rack.</p> <p>5. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.</p>	C 189	<p>3/14/19 (a) Trash can was moved. Educated staff and resident not to put a trash can in front of door. 3/14/19</p> <p>(b) Educated staff to be observant of residents in wheelchairs and to move them if they are in the path of fire doors. 3/15/19</p> <p>Exhaust fan adjusted in 3rd floor shower room into toilet room to cover the opening. 3/15/19</p> <p>(b) Fire caulk sealed the conduit penetrations. 3/15/19</p> <p>(c) Fire caulk repaired at cable bundle. 3/15/19</p>	
-------	--	-------	---	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ROSE HILL RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 120 FLEMING AVENUE MARION, NC 28752
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

C 189	<p>Continued From page 5</p> <p>Findings on March 14, 2019:</p> <p>a. Second Floor Stair A - the door was dragging on the frame and would not allow the door to close automatically. The door was equipped with a closer.</p> <p>b. First Floor - the right leaf on the cross corridor doors beside the Maintenance Office did not latch when the alarm was activated.</p> <p>6. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have holes in the door or gaps between the door and the door frame stops.</p> <p>Findings on March 14, 2019:</p> <p>a. Room 214 - there is a small hole through the door at the door hardware.</p> <p>7. Based on observation the facility's fire safety equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could effect occupants of the facility if the equipment did not work properly to extinguish a fire.</p> <p>Findings on March 14, 2019:</p> <p>a. Kitchen - the kitchen hood nozzle over the fryer was not directed at the kitchen equipment.</p> <p>8. Based on observation the facility's fire safety equipment is not maintained in operating condition. Damage to fire rated assemblies will deter their ability to protect the building during a fire.</p> <p>Findings on March 14, 2019:</p> <p>a. Attic corridor over Maintenance Office - the steel structure is protected with a spray-on</p>	C 189	<p>(a) Door was sanded to stop dragging on frame 3/15/19</p> <p>(b) Spring repaired on the 1st floor doors. Latches now. 3/15/19</p> <p>(a) Rm 214, hole was repaired. 3/15/19</p> <p>(a) Hood nozzle readjusted directly over the fryer. 3/15/19</p>	
-------	---	-------	---	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/14/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER ROSE HILL RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 120 FLEMING AVENUE MARION, NC 28752
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 6 fireproofing material. The fire proofing has been scraped off of the beams around the HVAC ducts. 9. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Findings on March 14, 2019: a. Basement - the electrical panel near the exterior exit had three open breakers.	C 189	3/14/19 Working with Steve Lewis for remedy of insulation of steel Beam. (a) Blanks were put in the open Breakers.	3/16/19
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the facility did not provide exhaust ventilation at the required rate in specified spaces. Findings on March 14, 2019: a. Third Floor Soiled Linen Room - the exhaust fan was not pulling enough air to hold a thin sheet	C 199	4-2-19 Watts Engineering (Morriston, NC) came and repaired all exhaust ventilation motors mentioned (cited) in survey.	4/2/19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/14/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER ROSE HILL RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 120 FLEMING AVENUE MARION, NC 28752
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

C 199	Continued From page 7 of plastic. b. Room 313 - the exhaust fan was not pulling enough air to hold a thin sheet of plastic. c. First Floor Soiled Utility - the exhaust fan was not pulling enough air to hold a thin sheet of plastic. d. First Floor Housekeeping - the exhaust fan was not pulling enough air to hold a thin sheet of plastic.	C 199	<p><i>} all areas cited are now pulling at required rate of exhaust.</i></p> <p><i>Tracy Makela RN Administrator.</i></p>	4/2/19
-------	---	-------	---	--------